

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

August 15, 2012

Ms. Teresa Merrill, Administrator Squier House 26 Union Street Waterbury, VT 05676

Provider #: 0154

Dear Ms. Merrill:

Enclosed is a copy of your acceptable plans of correction for the relicensure survey conducted on **July 3, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCHaRN

PC:ne

Enclosure



RECEIVED

Division of PRINTED: 07/17/2012

AUG = 1 12 FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING Licensing and Protection COMPLET		URVEY ETED		
0154		B. WING _	VING 07/03/2012				
				STATE, ZIP CODE			
SQUIER HOUSE 26 UNION WATERBL			URY, VT 05	676			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
R100	Initial Comments:		•	R100			
	An unannounced State Re-licensure Survey and complaint survey were conducted between the dates 7/2/12-7/3/12 by the Division of Licensing & Protection. There were no regulatory findings for the complaint survey. The following are the regulatory violations for the State Re-licensure Survey.						
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES			R167			
	 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. 						
				,			
	by: Based on record re facility failed to dev. 2 of 5 residents in t (Resident # 1) had psychoactive medic (Resident # 2), a Pl Both of these PRN administered by no	NT is not met as evidence and staff interviole and staff interviole applicable sample a PRN (as needed) cation and the second RN anti-anxiety medications were been-nursing staff.	ews, the f care for e. The first dication.				
Division of Li	censing and Protection				TITLE		(Y6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

GNATURE M9PL 1

(X6) DATE

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 0154 07/03/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **26 UNION STREET SQUIER HOUSE** WATERBURY, VT 05676 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) *All addendums to this Plan of Correction R167 Continued From page 1 R167 are per telephone cail with the Administrator Findings include: on 8/7/12 at 9:00 Am. 1. Per clinical record review, Resident #1 had 7/3/12 New Clonazepam order obtained physician orders for Clonazepam 0.5 milligrams from physician to reflect time and (mg), 1 - 2 tablets by mouth at supporting PRN frequency it was being administered. (as needed) for restless leg syndrome. Review of New order obtained for the medication administration record (MAR) Clonazepam 0.5mg revealed, on the PRN medication page, a hand written note next to the order indicating that the 1 tab at 5pm daily for Resident took one tab daily at 5:00 P.M. On the restless leg syndrome routine medication page of the MAR the order was hand written with a note stating that although All residents on PRN psychoactive metications the medication was ordered PRN, the resident may be affected. took one at supper.(at 5 P.M.) Review of the plan of care revealed no mention of the use of RN to assure compliance. Clonazepam, the symptoms of restless leg syndrome, and/or when to administer one tablet versus two tablets. Interview of the nurse on 07/03/12 at approximately 10:30 A.M. revealed the RN will use a behavior/intervention 7/3/12 Clonazepam is ordered PRN, however the flow sheet for documentation for Resident takes it daily at suppertime. (5 P.M.) monitoring of each psychoactive S/he verified that the order provided a dose range medication and that no guidelines were present in the orders or the care plan for the Patient Care Attendants All residents on PRN anti-anxiety (PCAs) regarding when to administer one tablet versus two. S/he also verified that there was no medications may be affected. documentation of monitoring for side effects for administration of Resident # 1's psychoactive medication. 2. Per clinical record review, Resident # 2 had 7/3/12 Ativan 0.5 mg physician orders for an anti-anxiety medication, order was discontinued Ativan 0.5 mg tab, with orders to take 1-2 tabs by physician for Rendent # 2 (0.5mg-1 mg) PO (by mouth) every 4 hours PRN (as necessary). There was no care plan or behavior monitoring sheet including interventions RIGT POC accepted 8/9/12 Dankender PAY to be attempted before the medication is dispensed and no parameters for the PCA's

Division of Licensing and Protection

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R167	Continued From pa	ge 2		R167			
į	(non-nursing staff) to inform them when to administer one vs. two pills.						
	Per interview with the nurse on 7/3/12 at 10:30 A.M., s/he confirmed the above regarding the anti-anxiety medication.						
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES			R171			
	5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:						
	 (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering 						
	a nurse has delega (5) For residents remedications, a reco effects. (6) All incidents of		nd e side				
	by: Based on record re facility failed to ensi	NT is not met as evidually view and staff intervious that medications hysician orders. This	ew, the were				

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R171 1 of 5 Residents (Resident #1) in the applicable sample. Findings include: Per review of the Medication Administration Record (MAR) for June 2012, Resident #1 received routine insulin injections at 8:00 A.M. and 5:00 P.M. daily. Blank spaces were noted on 05/01/12, 06/25/12 and 06/26/12 at 8:00 A.M. No documentation was located in the record or the communication book to indicate if or why the doses had been omisted. Interview with the Registered Nurse on 07/02/12 at approximately 3:00 P.M. revealed that s/he was aware that those doses had been missed. S/he stated that the expectation is that the Patient Care Attendant (PCA) should have initialed the dose, circled it, noted on the back of the MAR why it had not been given, notified the nurse and made a note in the communication book. S/he stated that this was discovered when insulin for the week was being drawn up and there were leftover doses from the previous week. S/he verified that there was no documentation of the missed doses, no physician notification of missed doses and no incident report had been completed to indicate the medication had not been administered according to the physician orders. R179 V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each	1 of 5 Resident sample. Finding Per review of the Record (MAR) received routing and 5:00 P.M. 06/01/12, 06/28 documentation communication doses had been also been linterview with the state of the stat	ts (Resident #1) in the apgs include: the Medication Administration June 2012, Resident e insulin injections at 8:00 daily. Blank spaces were 5/12 and 06/26/12 at 8:00 was located in the record book to indicate if or whomomitted. The Registered Nurse on the state of the expectation is that the expectation is that the expectation is that the three does had been in the communication book was discovered when insulated and the previous week. The was no documentation in the physician in the previous week. The was no documentation in the physician in the phys	ation #1 0 A.M. e noted on 0 A.M. No d or the by the 07/02/12 at s/he missed. the Patient aled the e MAR burse and k. S/he sulin for e were S/he n of the of missed completed a orders. VICES		on proper documentation of medications given and proper documentation for medication are refused by a resident. Staff been educated that if they not medication is not documented are to communicate that to the Periodic review of the MAR documentation being done by All residents taking inedication have the potential to be affect RN to assure compliance.	is that If have ice a I, they RN. for RN.	7/7/12	

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 0154 07/03/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **26 UNION STREET SQUIER HOUSE** WATERBURY, VT 05676 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R179 Continued From page 4 R179 residents. The training must include, but is not limited to, the following: (1) Resident rights: (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures. such as the Heimlich maneuver, accidents, police All training provided will be 7/3/12 or ambulance contact and first aid: (4) Policies and procedures regarding mandatory documented in training manual reports of abuse, neglect and exploitation: when it is delivered. Regular (5) Respectful and effective interaction with in-services and individual training residents: to be done on required topics and (6) Infection control measures, including but not additional topics as needed. limited to, handwashing, handling of linens, maintaining clean environments, blood borne All staff inservice hours have been pathogens and universal precautions; and (7) General supervision and care of residents. reviewed. RN to assure compliance. This REQUIREMENT is not met as evidenced R179 POC accepted 8/9/12 Dauthendeurn/ PMC Based on record review and staff interviews the facility failed to ensure that 4 of 5 non-nursing staff whose personnel files were reviewed and were providing direct care to residents had at least 12 hours of required educational training documented for the previous calendar year. Findings include: Per review on 7/2/12 of the education/training records for five non-nursing staff members, four direct care staff failed to have documentation of the required 12 hours of training for the previous calendar year and this was confirmed on 7/2/12 at 10 A.M. by the co-owners of the facility. R234 VII. NUTRITION AND FOOD SERVICES R234 SS=C

7.1.a.(3) The current week's regular and

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 0154 07/03/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **26 UNION STREET SQUIER HOUSE** WATERBURY, VT 05676 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R234 Continued From page 5 R234 therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews the facility failed to post the current weeks menu in a public place for both residents and other interested parties to see. Findings include: All residents in the facility are affected. Per initial tour the morning of 7/2/12 and subsequent kitchen tour on 7/3/12 at approximately 1 P.M. with the facility cook, the 7/3/12 Menus are done weeks in weeks menu was observed posted on the front of advance for ordering purposes. the refrigerator. Per observation, there was also a In addition to being posted sign on the kitchen door that asked that 'facility in the kitchen, the weekly staff only enter the kitchen. On both 7/2 & 7/3/12 at noontime and after, multiple residents told menu will also be posted in the surveyors that menus were not posted and dining room every Monday. residents were unsure what was being served at Residents may also request mealtimes. Both the cook on 7/3/12 at 1 P.M. as a copy of the weekly menu. well as the co-owners of the facility confirmed Administrator and kitchen during the afternoon of 7/3/12 that the menu is staff will monitor the posting not posted in a public place. to make sure deficient practice does not reoccur. R302 IX. PHYSICAL PLANT R302 SS=F Ra34 POC accepted 8/9/12 DChittenden Ra/PML 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building

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when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
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R302	night. The date and names of participat documented. This REQUIREMENT by: Based on review of	I time of each drill an ing staff members si NT is not met as evi	hall be denced	R302			
	conducted at varyin morning, afternoon affected all 12 Resi Findings include: Review of the fire d revealed that six fire	ensure that fire drills g times of the day, in evening and nights dents in the current drill records on 07/03, e drills had been conths. On 08/04/11 a	ncluding . This census. /12 nducted in				
	conducted at 12:50 P.M. but the commeating lunch. This caprinkler agency as evacuation time was conducted at 11:45 indicated. The nampractice for new staindicated. On 10/27 1:15 P.M. The evac On 11/08/11 a drill drill for staff at 10:5	It did not indicate A ents referenced residents referenced residently was conducted by part of the yearly character of the yearly character of the yearly character of the yearly character of the yearly and no evacuation of the yearly and no evacuation of the yearly and no evacuation time was 5 m was conducted as a 5 and it does not indicated residuation time.	A.M. or dents by the neck. No a drill was was not was in time was ucted at ninutes. training licate A.M.				
	minutes. On 03/23/8:45 P.M. The note the alarm. The evaless than 5 minutes indicated that 9 res did not and indicate bed and sleeping a was conducted at 1 residents on the pro-	ation time was noted 12 a drill was conducted a Reside accuation time was list 5. The comments sectidents responded and ad that most resident to the time. On 06/20/1:00 A.M. to educate ocess and the sound nts section indicated	cted at ent pulled ted as ction ad three ts were in /12 a drill e new d of the				

PRINTED: 07/17/2012 FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 0154 07/03/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **26 UNION STREET SQUIER HOUSE** WATERBURY, VT 05676 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R302 R302 Continued From page 7 new resident was out of the building to an appointment and was not present. No evacuation All residents in the facility are affected. time was listed. During interview with the Co-Owners on 07/03/12 Fire Drills will be conducted 7/29/12 at approximately 10:30 A.M. the as per regulation 9.11c and as owner/co-manager verified that all the fire drills per Life Safety. Times will vary had been held between 10:55 A.M. and 1:15 P.M. to include morning, afternoon, with the exception of the one at 8:45 P.M. when a Resident had pulled the alarm. S/he stated that evening and night. All drills will this was because there was more staff on day be properly documented with the shift to assist with the drill and evacuation. S/he time it occurred and the evacuation verified that no drills had been held in the late time. Additional drills will be evening, night time or early morning hours, the planned as necessary to ensure documentation for many of the drills did not all residents know the evacuation indicate if they were held in the A.M. or P.M. and plan and that all staff know their the documentation did not indicate the evacuation duties. A yearly schedule has been time for most of the drills. developed. The Administrator is responsible for compliance. R302 for accepted 8/9/12 DChittendental/Ame